

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OUR HOME LAKE TOMAHAWK (0010106)

Address: 6416 FLICKER ROAD, LAKE TOMAHAWK, WI 54539

License Status: REGULAR

Licensed/Certified/Registered 03/11/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096679 **End Date:** 03/22/2006 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009527 Served 04/05/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION		

Survey ID: 0092089 **End Date:** 01/27/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009240 Served 03/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	STAFFING PATTERNS	03/22/2006	Yes
83.21(4)(o)	MEDICATIONS	03/22/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	03/22/2006	Yes
83.21(4)(w)	SAFE ENVIRONMENT	03/22/2006	Yes
83.42(3)(a)	EMERGENCY PLAN	03/22/2006	Yes

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 04/10/2004 **SOD #**10009240 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

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Complaint History

Date Complaint Received: 08/12/2003

Date Investigation Completed: 02/23/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10009240
STAFF ADEQUACY	SUBSTANTIATED	10009240
PROGRAM SERVICES	NOT SUBSTANTIATED	

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